Approved for Release: 2025/05/27 C07176728

REQUEST FOR DOMESTIC COVER LIST ENTRY OR CHANGE

SUBMIT THIS FORM IN DUPLICATE, ENCLOSED IN SEALED ENVELOPE

TO : Central Cover Staff
THROUGH: Office of Security
SUBJECT:
(True Name)

DATE

☐ ENTRY Inclusion of Subject on the Domestic Cover list is requested as noted below. When notified that cover has been established, Subject will be specifically authorized and instructed to conceal his Agency affiliation.

☐ CHANGE Subject is currently included on the Domestic list. For the reason noted below, it is requested that:

☐ This employee be removed from the Domestic Cover list

☐ The following change be made

TYPE COVER		MILITARY		STATE		OTHER GOVT. AGENCY		NONOFFICIAL	
USE OF COVER		ALL PURPOSE		OPERATIONAL ONLY					

REQUESTING OFFICE

STAFF OR DIVISION	SIGNATURE AND TITLE	DATE

CENTRAL COVER STAFF APPROVAL	OFFICE OF SECURITY APPROVAL	
SIGNATURE	SIGNATURE	
DATE	DATE	OFFICE OF SECURITY COPY

FORM 3-63 1322 USE PREVIOUS EDITIONS.

~~SECRET~~

GROUP 1
Excluded from automatic downgrading and declassification

(38)

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